

Group Art Unit: 2831  
Examiner: Nguyen, C.



Atty. Ref.: FP03-049US

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants : Masayasu Fujii  
Toshikazu Sakurai

Appl. No. : 10/646,996

Filed : August 22, 2003

For : TERMINAL FITTING

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT**

Sir:

This amendment is submitted in response to the Office Action  
September 9, 2004. Please amend the application as follows:

01/05/2005 TDMKINS 00000002 031030 10646996

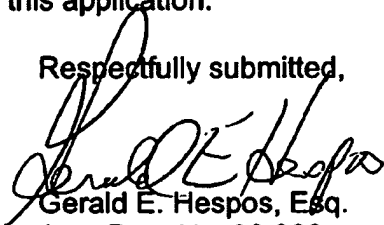
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surface of the reinforcing plate facing away from the coupling. Inoue has no suggestion at all of the features of the invention defined by amended claim 1. Accordingly, amended claim 1 and its dependent claims 2-5 are believed to be patentable over Inoue.

The applicants and the assignee are pleased to note that claims 16-20 were allowed as filed. Claims 16-20 remain in the application and have been amended merely to eliminate the reference numerals. Accordingly, amended claims 16-20 are believed to be in condition for allowance.

In view of the preceding amendments and remarks, it is submitted that all of the claims remaining in the application are directed to patentable subject matter and allowance is solicited. The Examiner is urged to contact applicant's attorney at the number below to expedite the prosecution of this application.

Respectfully submitted,



Gerald E. Hespos, Esq.

Atty. Reg. No. 30,066

Customer No. 001218

CASELLA & HESPOS LLP

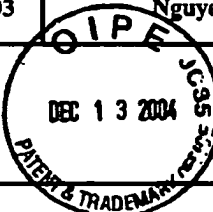
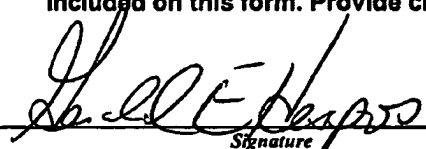

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Date: December 9, 2004

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>FP03-049US</b>	
Applicant(s): <b>Masayasu Fujii</b>					
Application No. <b>10/646,996</b>	Filing Date <b>August 22, 2003</b>	Examiner <b>Nguyen, C.</b>	Customer No. <b>001218</b>	Group Art Unit <b>2831</b>	Confirmation No. <b>1590</b>
Invention: <b>TERMINAL FITTING</b>					
 <b>COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	20 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$88.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>03-1030</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
 Signature <b>Gerald E. Hespos, Esq.</b> Atty. Reg. No. 30,066 <b>CASELLA &amp; HESPOS LLP</b> <b>274 Madison Avenue - Suite 1703</b> <b>New York, NY 10016</b> <b>Tel. (212) 725-2450</b> <b>Fax (212) 725-2452</b>			Dated: <b>December 9, 2004</b>  <div style="border: 1px solid black; padding: 5px;">             I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on  <b>December 9, 2004</b>              (Date)                Signature of Person Mailing Correspondence  <b>Hilda A. Abreu</b>              Typed or Printed Name of Person Mailing Correspondence           </div>		
cc:					

## PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number

10646996

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	*
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

\* If the difference in column 1 is less than zero, enter "0" in column 2.

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

RATE	FEE
	\$ _____
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL	

OR

OR

OR

OR

OR

RATE	FEE
	\$ _____
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL	

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	20	Minus	20	= —
	Independent (37 CFR 1.16(b))	4	Minus	3	= 1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

OR

OR

OR

OR

RATE	ADD TION/ FEE
X \$ _____ =	
X \$ 200 =	200
+ \$ _____ =	
TOTAL ADD'L FEE	200 Pd

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))		Minus		=
	Independent (37 CFR 1.16(b))		Minus		=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

OR

OR

OR

OR

RATE	ADDI TION/ FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))		Minus		=
	Independent (37 CFR 1.16(b))		Minus		=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

OR

OR

OR

OR

RATE	ADDI TION/ FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.